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Measuring Health: lessons for Ontario, by Professor A.J. Culyer, a research study prepared for the Ontario Economic Council and published by the University of Toronto Press. Price: $10.00

TORONTO, April 19 -- The 1978 Canada Health Survey offers "exciting possibilities" but could go further toward improving the health status of a population, according to a research study released today by the Ontario Economic Council.

Measuring Health: lessons for Ontario, by Professor A.J. Culyer, suggests that a rational distribution of health resources is dependent upon operational measures of outcomes and health status. "... it should be a basic requirement of all empirical health research concerned with having impact upon the welfare of patients, that due attention be paid to systematic measurements of the outcomes in terms of social functioning.

"A second major priority area for development of health status measures (is) as planning guides for District Health Councils."

Taking as its basic premise that, "What is really needed is a measure of the prevalence of ill-health in the population, counting not only mortality and hospital morbidity, but illness treated by health professionals outside hospital, illnesses which are self-treated or self-limiting, undetected morbidity and a count of the chronically disabled," (A New Perspective on the Health of Canadians), the study suggests that measuring health status will best meet this objective.

Prof. Culyer's criticism of existing health indicators or indexes is that they are based on people processed, excluding those in need outside hospitals. Such people would be those too sick to make decisions, the elderly, the mentally sick, young children and others whose ability to function has been reduced.

Questions to be posed through the proposed Canada Health Survey, according to Prof. Culyer, "Follow the broad groupings of human biology, environment, lifestyle, and health care organization, while some with which we are particularly concerned relate directly to health status."

Though "offering exciting new possibilities", he notes that only 40,000 persons will be questioned in the national survey.

Prof. Culyer recommends that answers should be compiled at the provincial level and, if ethical, OHIP data should be included before being sent to the district health councils for additional processing on a regular basis.

"Development of health status measures as planning guides for District Health Councils is worthy of a very substantial outlay of public funds," Culyer says.

He feels the search should be for a more humane approach to quality medical care and improving health of a community based on need and ability to function.

In the quest for avoidance of reductions in health status and the potential for improvements in health status, Prof. Culyer notes the Ontario Council of Health (1975) "has been making some excellent noises about health statistics in the province," in that it maintains that the health statistics system should provide for a continuing survey of health problems, status, needs and wants, regularly and at reasonable time intervals, for use in the planning, operation, and evaluation of health services and programs in Ontario.

The central theme of his work, he says, "has been to identify the central piece of information that is needed for running an efficient and humane health system in Ontario, and explore problems of interpreting it, operationalizing it, and utilizing it.

"This central piece of information concerns, of course, the health status of Ontario residents and it is a piece of information we do not currently have."

Since governments and their agencies are directly involved in the operation of health care programmes, it is apparent that inclusion of population health status measurements in policy decisions on health care programmes would have a beneficial impact on efficiency, treatment, research and cost of health services.

The complexities of policy making and the allocation of funds for health care programmes might be illustrated in the 'need' for such services. To say a need does not presently exist in a community, obviously does not eliminate the potential for future need. It is here, too, that health status information from non-institutional sources in various regions could be valuable, according to the author.

A failing of the health measurement indexes available, notes Prof. Culyer, is that they were produced by researchers other than local health authorities and are based on persons treated, rather than persons sick, and they are located by place of treatment, rather than residence. They do not take into account the health of people who may never become patients, but whose ability to function is restricted by a disability.

Nor do they take into account potential illness threats brought about by, say, smoking and alcohol.

Referring to another study, Prof. Culyer notes that a pervasive problem in economic calculations is the tendency to measure and report what is readily measurable; and that is not necessarily relevant, or most important. The less tangible losses, such as pain and grief, are not measured. "This is tantamount to valuing them at zero," says Prof. Culyer.

Prof. Culyer's book undoubtedly will be of immense value to all concerned with better health and with the administration of health programmes.

This study was prepared under the auspices of the Ontario Economic Council, an autonomous research agency funded by the Province of Ontario. The Council acts as an independent advisor to government and all political parties, undertakes research and policy studies to encourage the optimum development of the human and material resources of Ontario, and supports the advancement of all the sectors of the Province. The Council achieves these goals by sponsorship of research projects, publication of studies, and organization of the Outlook & Issues conferences and seminars which are open to the public.

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Anthony J. Culyer is Assistant Director and Senior Lecturer in Economics at the Institute of Social and Economic Research, University of York, England. He holds an honours BA in Economics from the University of Exeter. Mr. Culyer's work is in the health field and he served on the Ontario Economic Council as a Senior Research Associate in 1976.

Measuring Health: lessons for Ontario (180 pgs.) is published by the University of Toronto Press, 5201 Dufferin Street, Downsview, Ontario M3H 5T8, or, 33 East Tupper Street, Buffalo, New York 14203.

Also available from the Ontario Government Bookstore, 880 Bay Street, Toronto, Ontario M7A 1N8. Price: $10.00.

SELECTED QUOTATIONS

"The more one reflects upon it, however, the more it is clear that Ontario, though fortunate in having both some pioneers in our territory and a record system in OHIP that lends itself to particular kinds of measures not easily available elsewhere, is far from unique in the problems it faces at root level. Although the administrative structure is different both from other Canadian provinces and other countries, the basic concerns embodied in the 'three Es' (effectiveness, efficiency and equity) and the basic information that is needed to reach satisfactory solutions are, in all essential features, the same. The most basic of all the information that is needed relates to the health status of individuals and populations and that remains true in the highly pluralistic system of the USA, the unitary system of the UK, and in the constitutionally provincial system of Canada." (Pg. 6)

"Interest in health measurement has tended to concentrate around two focal points which have come to be associated with the terms 'indicator' and 'index'. The former tend to refer to rather aggregate measures intended for use as complements to GNP data and the latter tend to refer to more microcosmic measures of use in clinical practice or the cost-effectiveness of alternative regimes of care. Historically, in the health territory (as in other territories), these two views have developed more or less independently of one another. Yet the basic problems confronted by each are actually the same ... and insights are to be gained from seeing both as special cases of a more general measurement problem." (Pg. 8)

"Need indicators are required in order to establish priorities. Not all needs can be met and some are more urgent than others. Essentially, a Need indicator would have to combine two elements: a social and humanitarian value upon an improvement in the community's health and the value of the other socially and compassionately desired programmes that would have to be gone without as a result of devoting more resources to health."

"Although there is no simple and easy way to clearly limit the

concept of social well-being, it is even less easy to break it down into its component parts and specify these in such a way that they become tangible, measurable and manageable. The main problems appear to be the following: (a) The identification of components of well-being touches on basic questions about what is valuable in life. How can value-differences be reconciled beyond the level of generalities? (b) The concept implies (could imply, at least according to some interpretation) standard setting, i.e., below a certain standard there is no, or very little, well-being; above the standard there is sufficient or much well-being. The question then arises: 'Who decides such standards?' (c) Historical developments and cultural values may differ so much between nations, and even within nations, that attempts to make the concept operational universally may be meaningless." (Pgs. 16-17)

"The public interest in health has been typically manifested by community action to deal with health problems that the individual was incapable of managing himself. In recent decades, a number of factors have enlarged the scope of the public interest and given it new force and cogency. The first is a deepening of our humanitarian concern for our fellows... We seem (also) ... to ... believe that an individual family should not have to bear alone the full cost of risks that could happen to anyone of us... There is yet ... the appalling social and economic cost to Canada of ill-health, proving that the family and the nation pay heavily in terms of lost production for failure to make available to all Canadian citizens the standard of health service we know how to provide. (Royal Commission on the Health Services)." (Pg. 26)

"As we noted earlier, the Ontario Council of Health (1975) has been making some excellent noises about health statistics in the province. It has emphasized the importance of evaluation and of data availability on the sub-provincial level of health jurisdictions and program sectors. It has also noted the deficiencies in regard to health status information both for research purposes (especially as they saw it, epidemiological research) and for planning: 'the health statistics system

should, therefore, provide for a continuing survey of health problems, status, needs, and wants ... regularly and at reasonable time intervals... for use in the planning, operation, and evaluation of health services and programs in Ontario'. It also rightly emphasized the importance of accessibility of this information: 'the primary users of such information are private individuals, public health professionals, educational institutions, and various community organizations'." (Pg. 179)